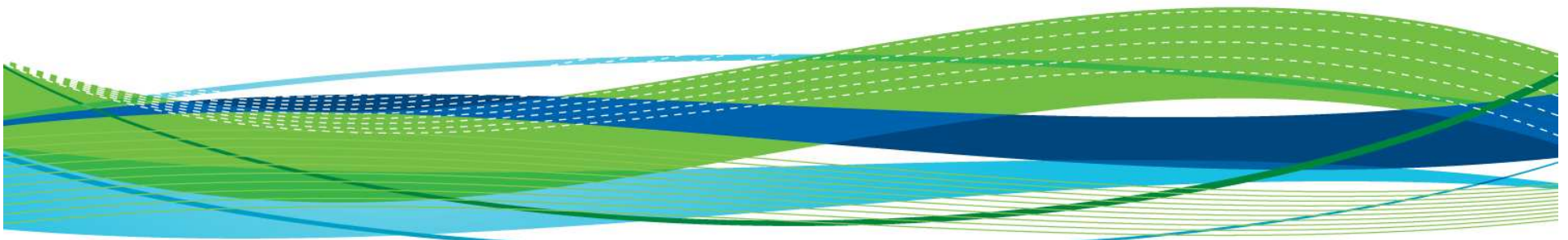




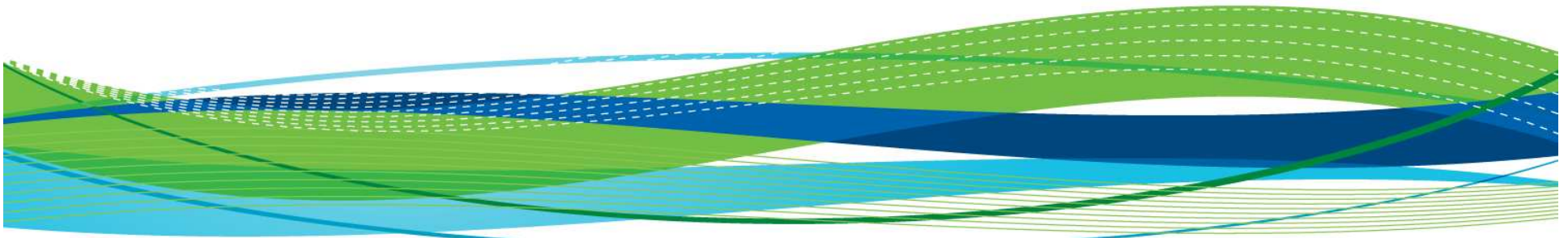
Your voice. Louder.

# Rural Innovation

## Volume to Results: A major leap

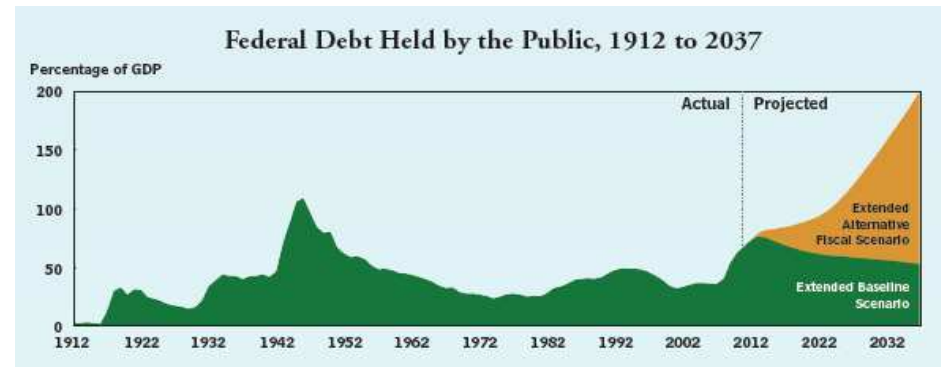


# Transformation to Population Health Management



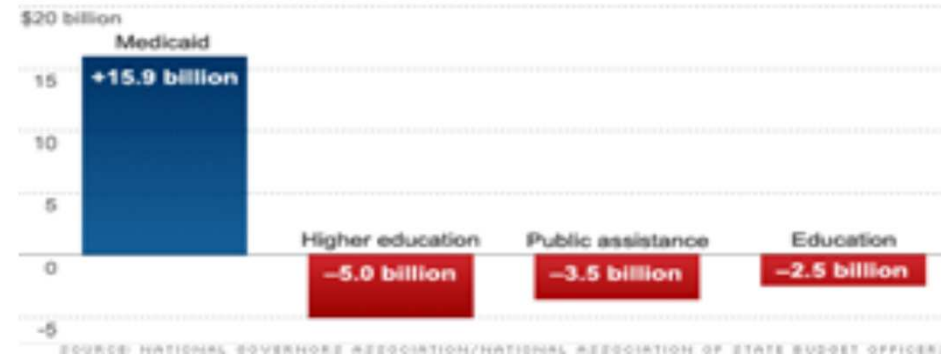
# Market Pressures Increasing

Federal

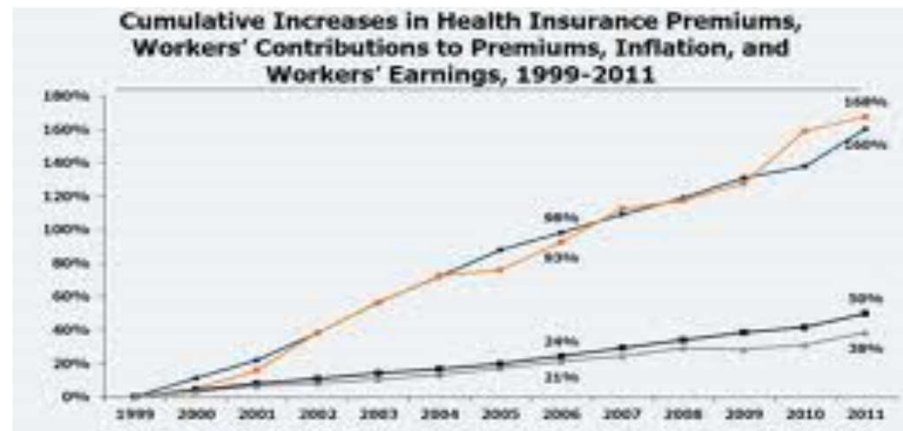


State

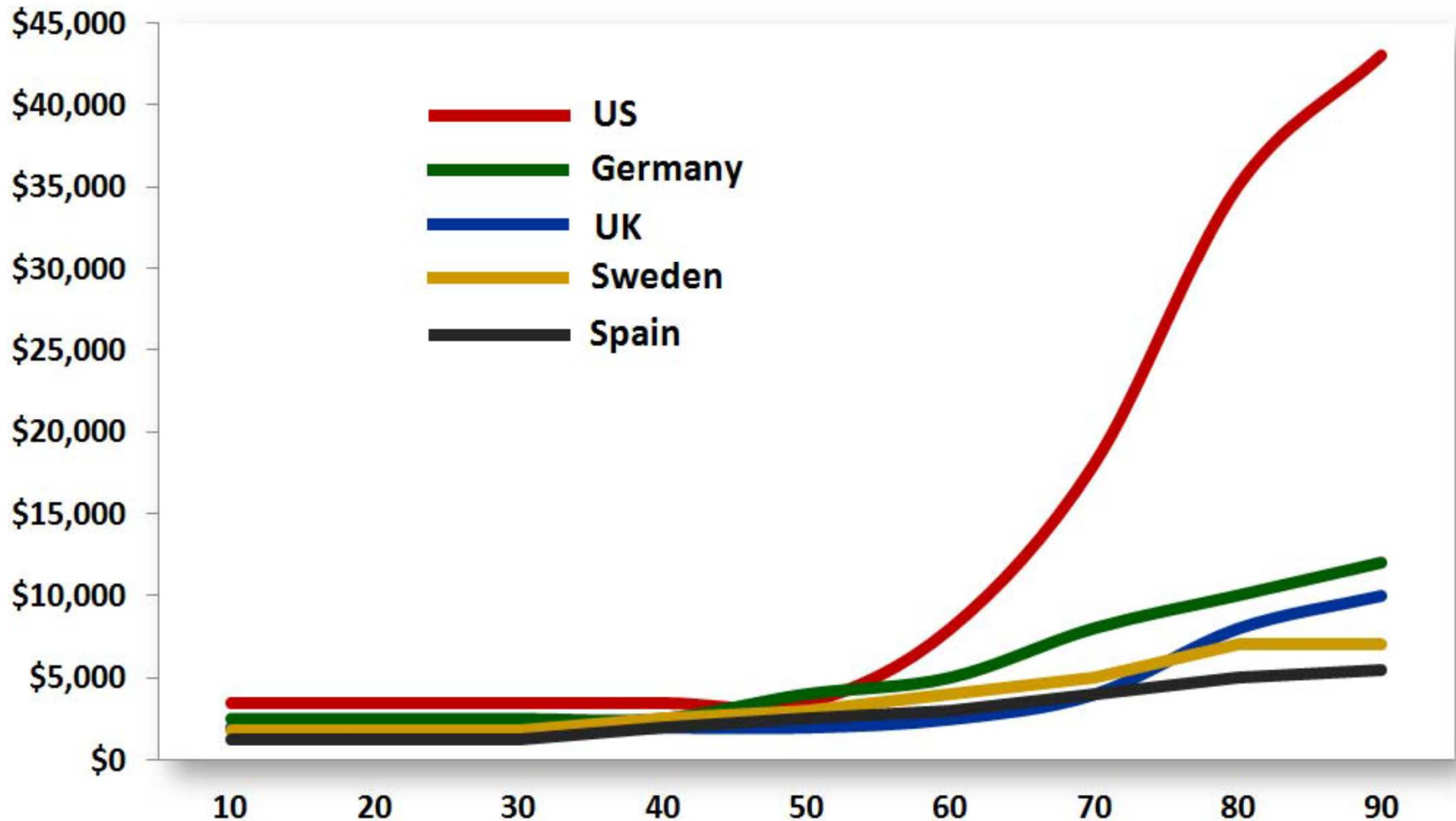
## STATE SPENDING PROPOSALS FOR 2012



Employee/Commercial

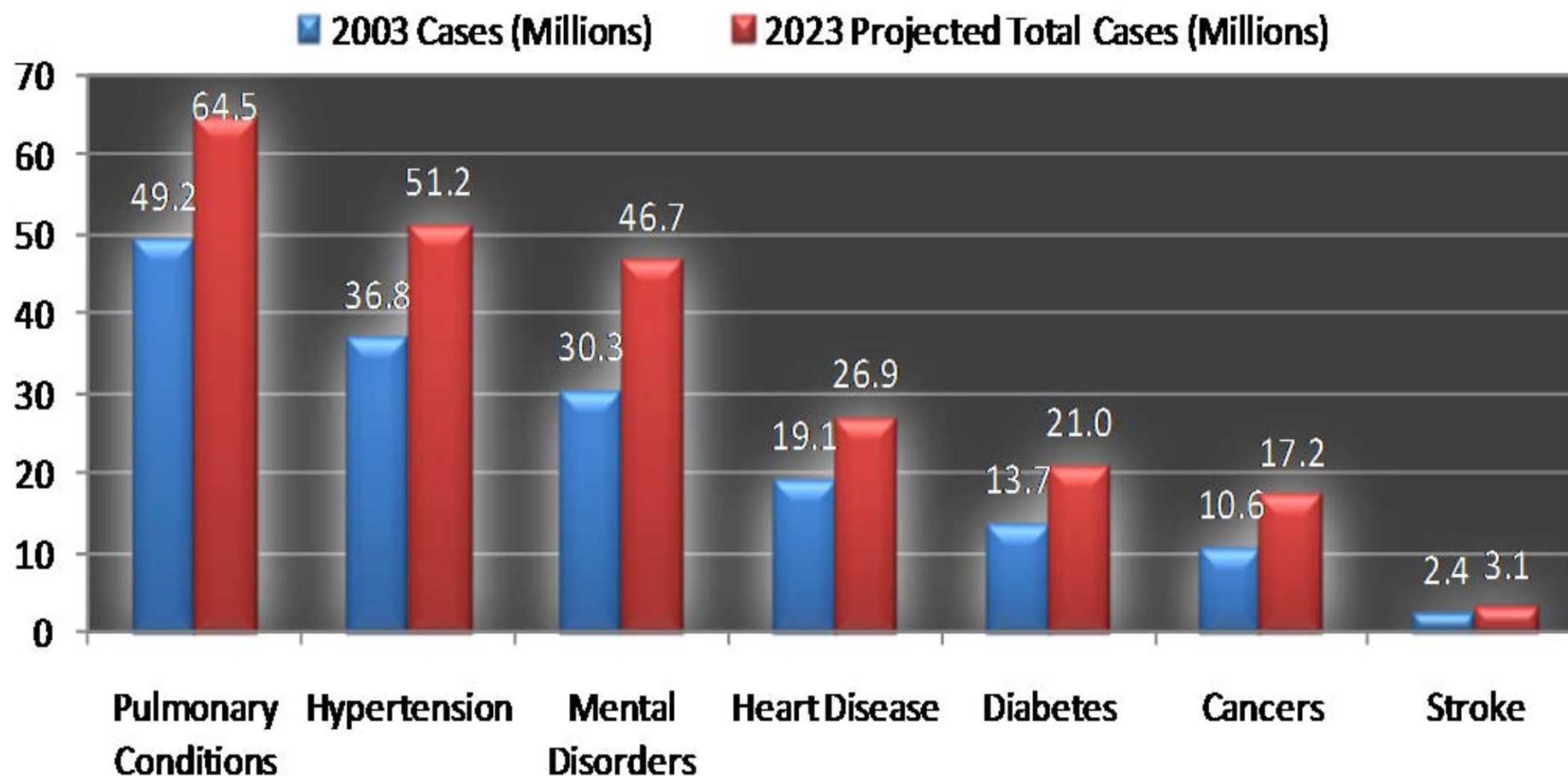


# Industrialized Countries: Annual Spending by Age



Source: <http://blogs-images.forbes.com/danmunro/files/2014/04/hccostsbyage.png>

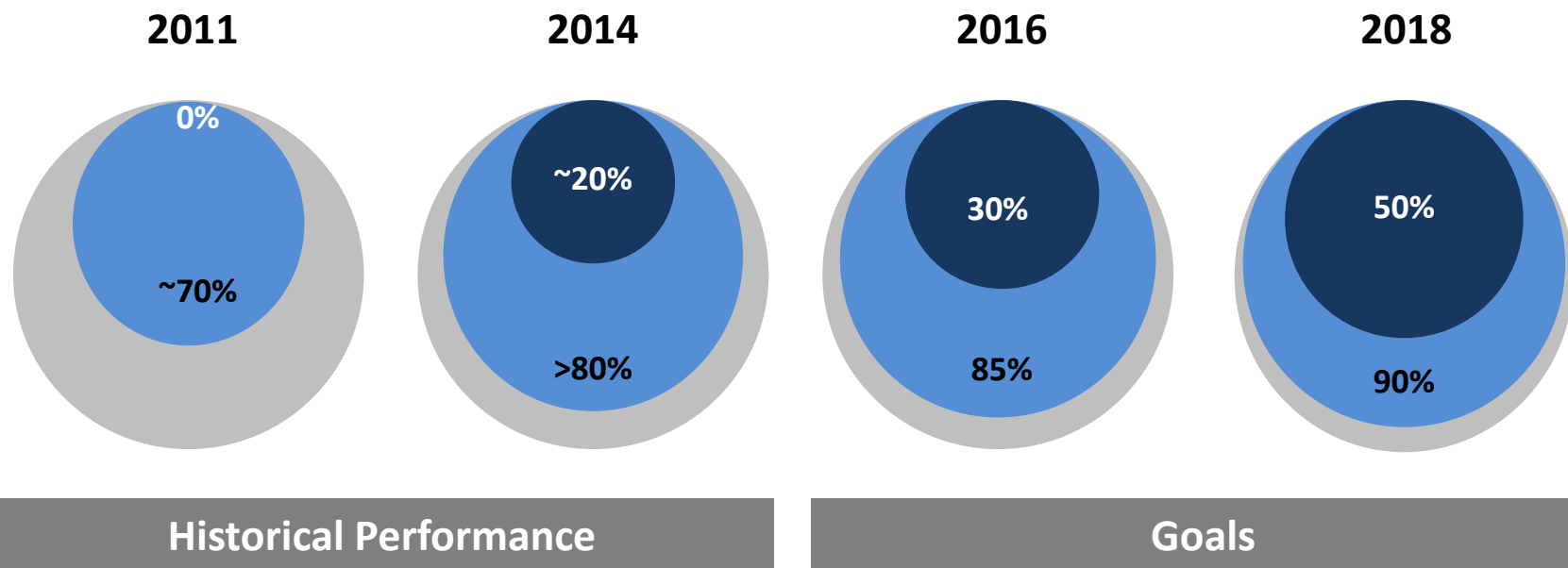
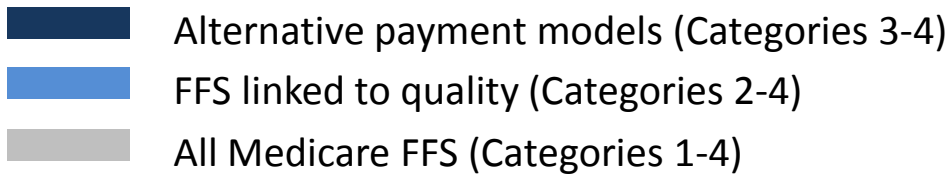
# Chronic Disease Growth Projections



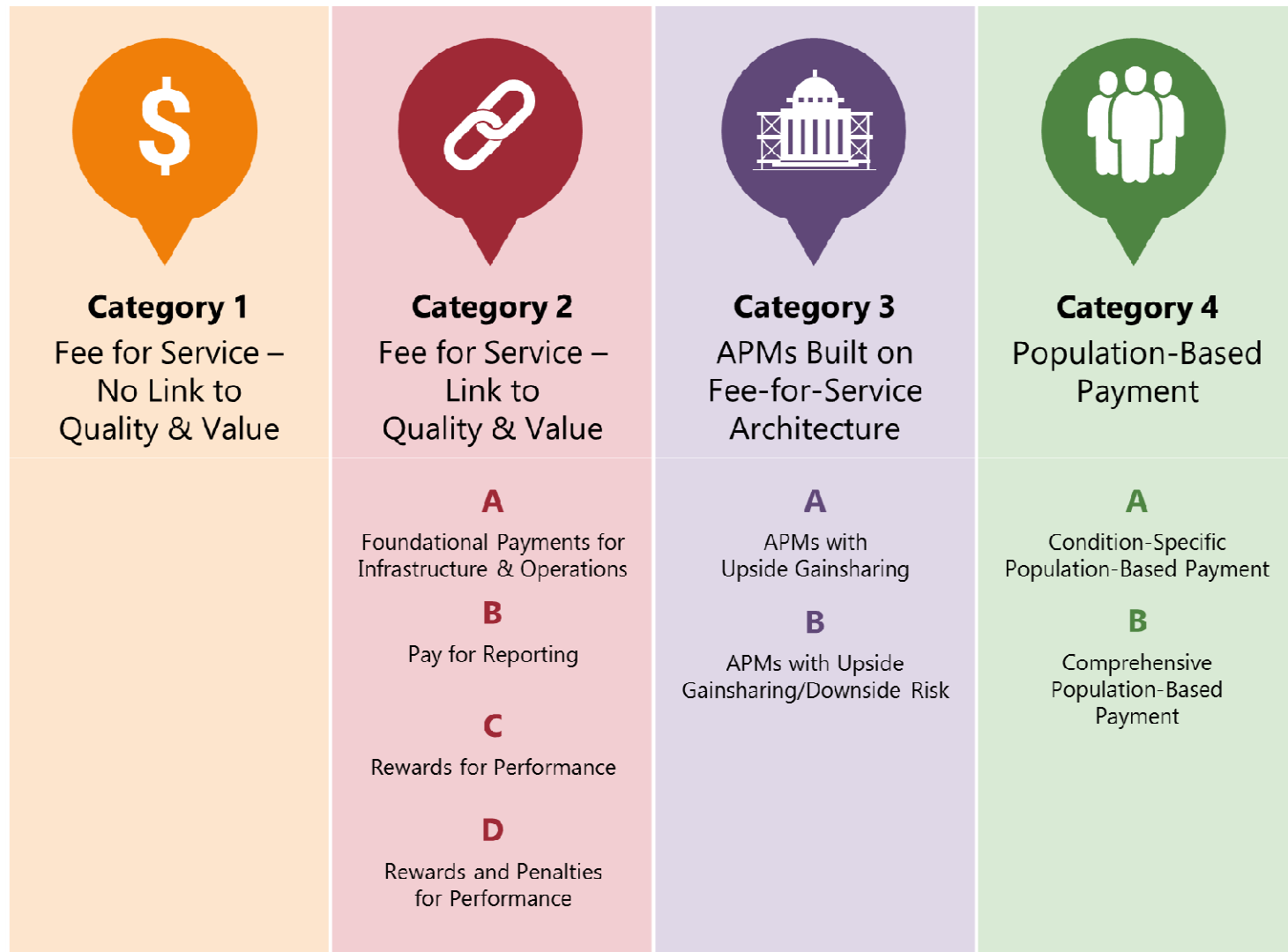
State of Healthcare 2010

Source: State of Healthcare 2010

## Target percentage of payments in 'FFS linked to quality' and 'alternative payment models' by 2016 and 2018



# Payment Framework



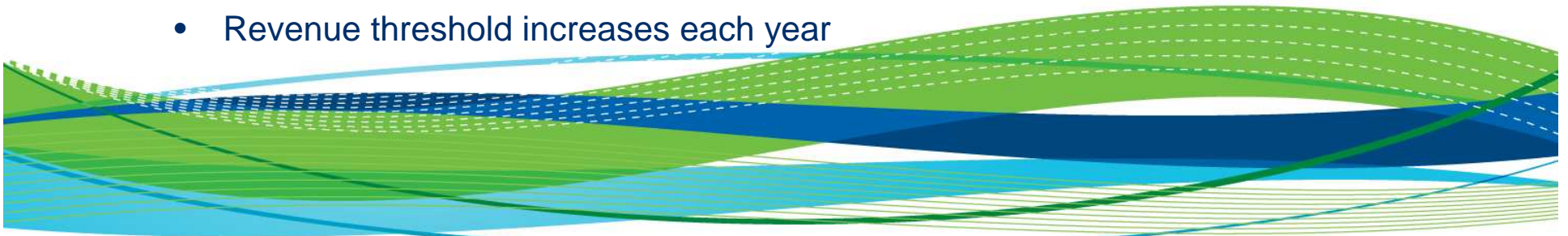


# MACRA of 2015: Quality Payment Program



**Incentivizes movement to alternative payment models (APM) or Participate in MIPS**

- APMs
  - Patient Centered Medical Homes
  - Accountable Care Organizations
  - Bundled Payments
  - Episodes of Care
  - Yet to be Invented
- Revenue Requirements
  - 2018-19 25% of Physician Revenues through APMs
  - Receive 5% Fee Schedule Bonus
  - Revenue threshold increases each year



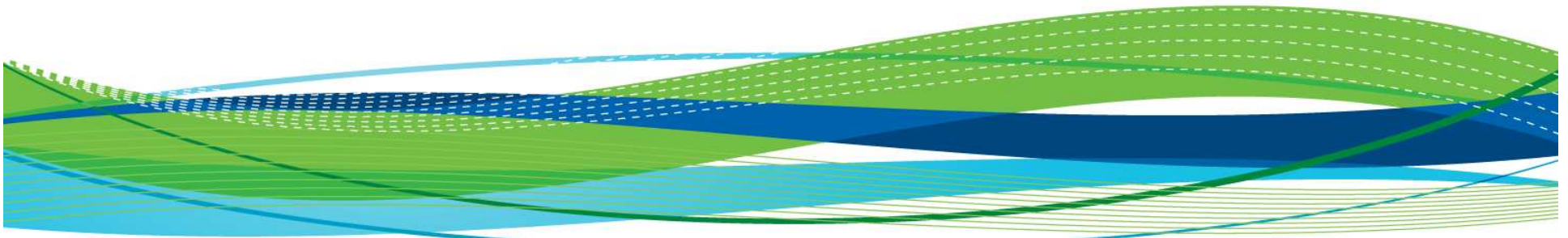


# MACRA of 2015: Quality Payment Program



## Merit-based Incentive Payment System (MIPS)

- Minimal FFS yearly increase next 10 years of 0.5%, then 0%
- MIPS (eventually -4% to +27% adjustment)—Based on quality, resource use and clinical practice improvement activities
- 41% payment difference between highest and lowest performing physicians



## The Health Care Payment Learning and Action Network (LAN) was launched to accelerate adoption and align methods of APMs

- Medicare alone cannot drive sustained progress towards alternative payment models (APM)
- Success depends upon a **critical mass of partners** adopting new models
- More than 50 organizations have committed support, including AARP, Anthem, Humana, National Partnership for Women & Families, Partners Healthcare, Rite Aid, Walgreens, Walmart, States of MA and NY

### Network Objectives

- Match or exceed Medicare alternative payment model goals across the US health system
  - 30% in APM by 2016
  - 50% in APM by 2018
- Shift momentum from CMS to private payer/purchaser and state communities
- Align on core aspects of alternative payment design

+ { 4,800 } registered participants

# Work and Affinity Groups



**Your voice. Louder.**

## Work Groups:

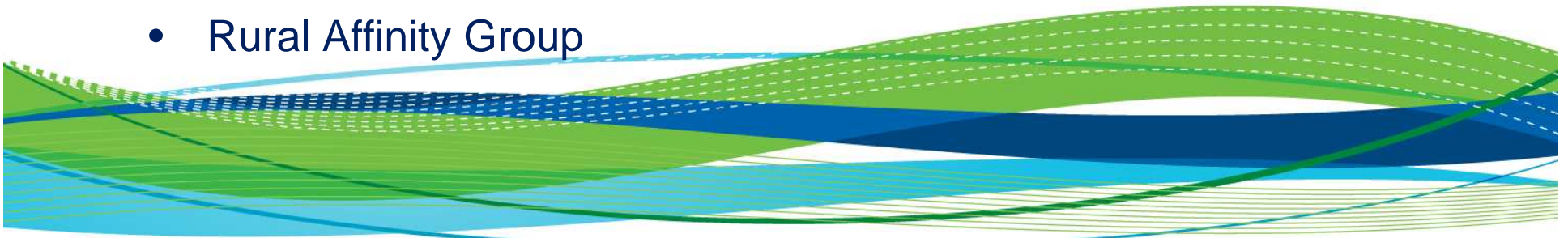
- APM Framework
- Clinical Episode Payments
- Population Based Payments
- Payment Reform Evaluation Hub

## Affinity Groups:

- Consumer and Patient
- Purchasers/Employers
- State Engagement Group

## NRHA Request:

- Rural Affinity Group



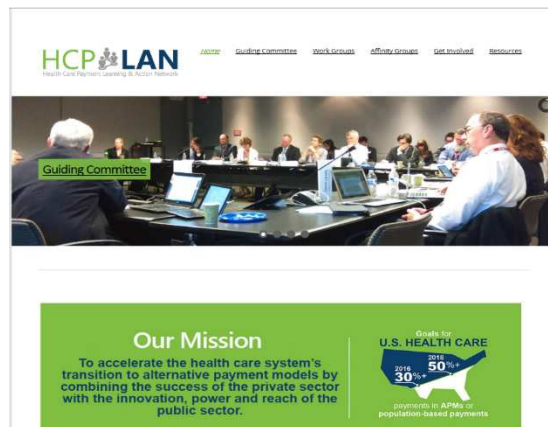
# LAN Communications



Join work group **affiliated communities** to provide input on work group products

[PaymentNetwork@MITRE.org](mailto:PaymentNetwork@MITRE.org)

<http://innovationgov.force.com/hcplan>



Visit the LAN **website** to learn more and find resources

<https://publish.mitre.org/hcplan>

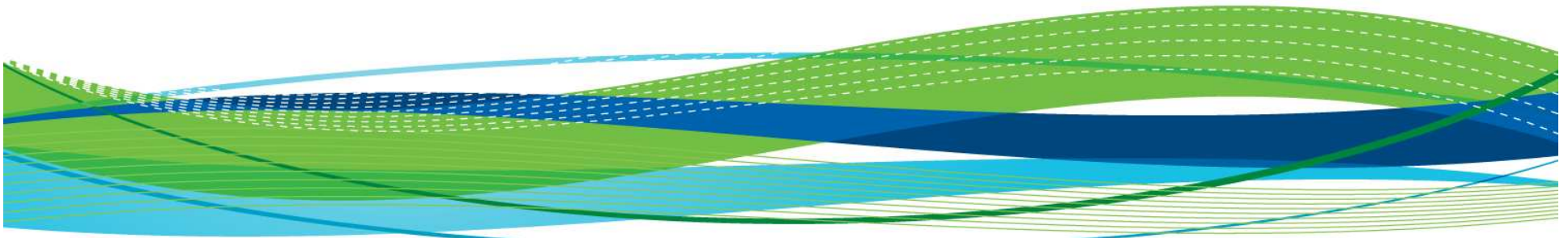


# NRHA APM/DSR SIG



## Alternative Payment Model/Delivery System Reform Special Interest Group

- Leadership Team meets to review published rules and white papers from the HCPLAN
- Daylong preconference at NRHAs Policy Institute
- Innovation Summit in Minneapolis May 10-13, 2016
- Dedicated APM/DSR Track at RHC/CAH Sept. 20-23, 2016
- Committed to spreading best practices on innovation





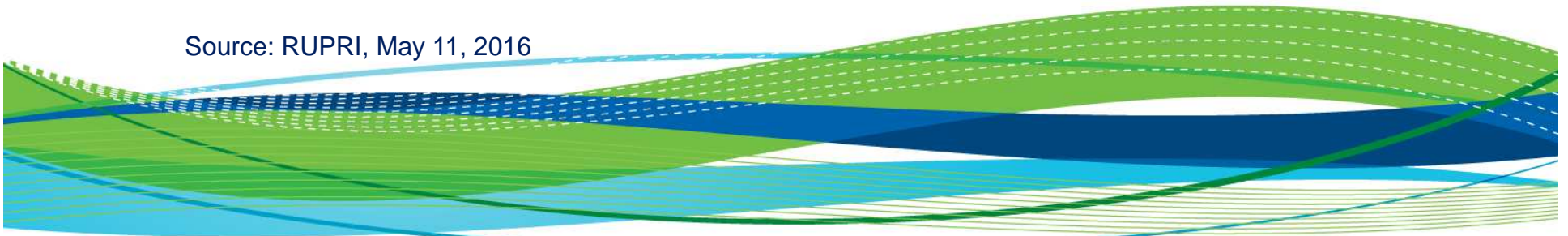
# ACO Activity By the Numbers



**Your voice. Louder.**

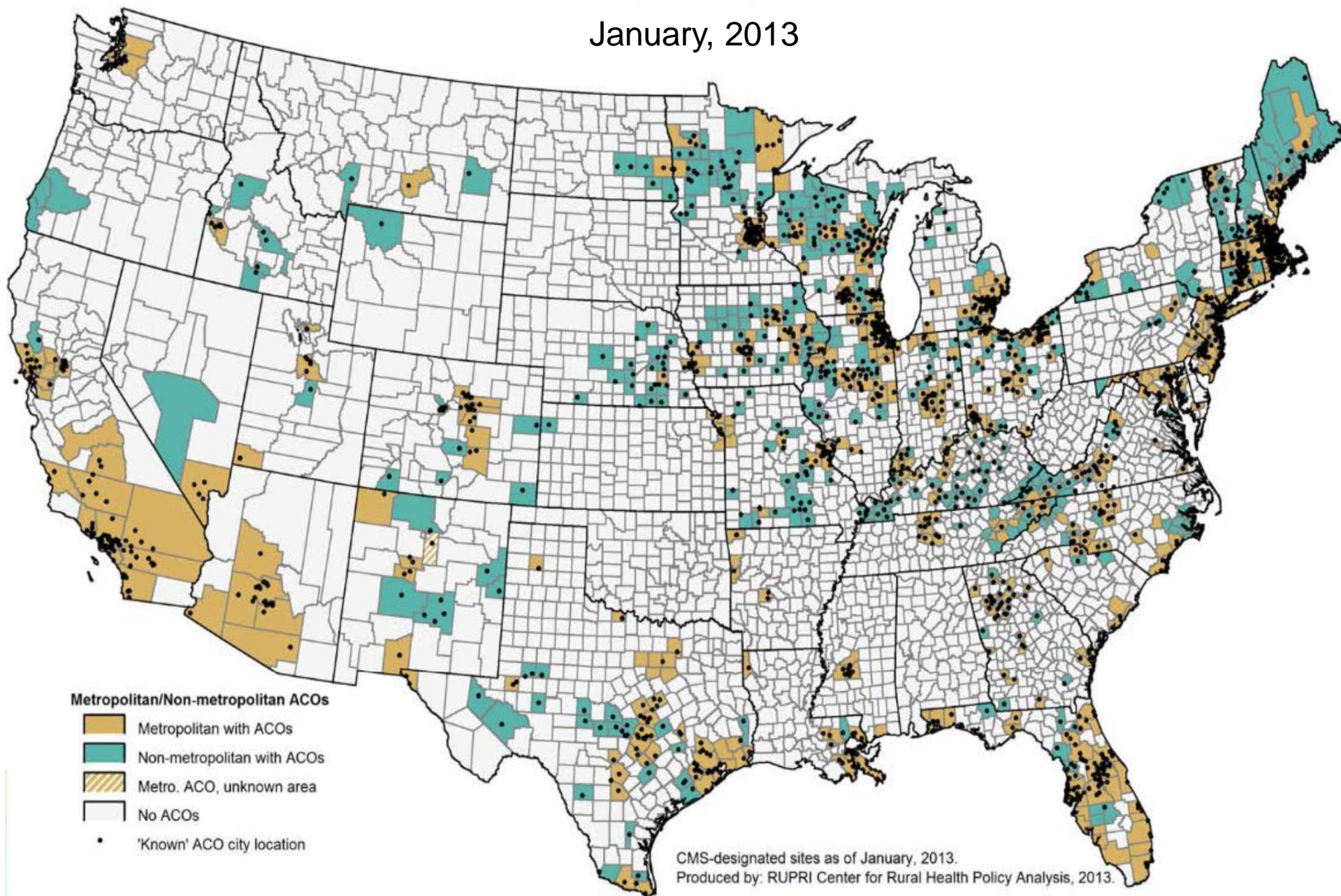
- ACOs operate in 72.% of metropolitan counties, 39.7% of non-metropolitan counties
- 7.6 million beneficiaries now receiving care through ACOs
- Rural sites in all four census regions
- Approximately half of Medicare ACOs have rural presence, although for 18% (76) that is between 1 and 24 percent of counties included
- 7 (1.7%) are 100% non-metropolitan
- 23 (5.4%) are 75-99% non-metropolitan
- 104 (24.6%) are 25-74% non-metropolitan
- *At least 37 of the 101 new ACOs in 2016 have a rural presence, many of those exclusively rural*

Source: RUPRI, May 11, 2016



# County Medicare ACO Presence Continental United States

January, 2013

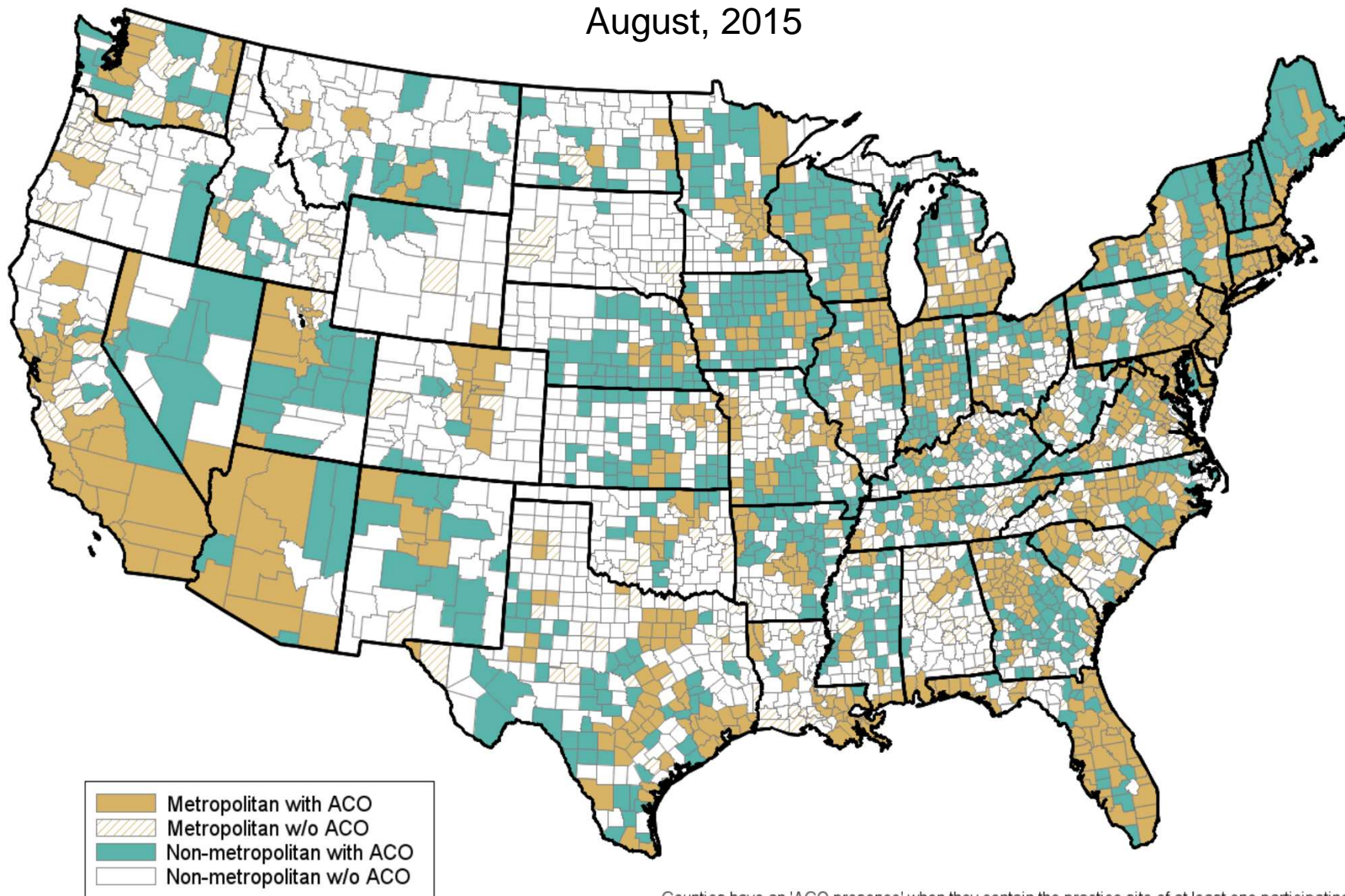




# County Medicare ACO Presence

Continental United States

August, 2015



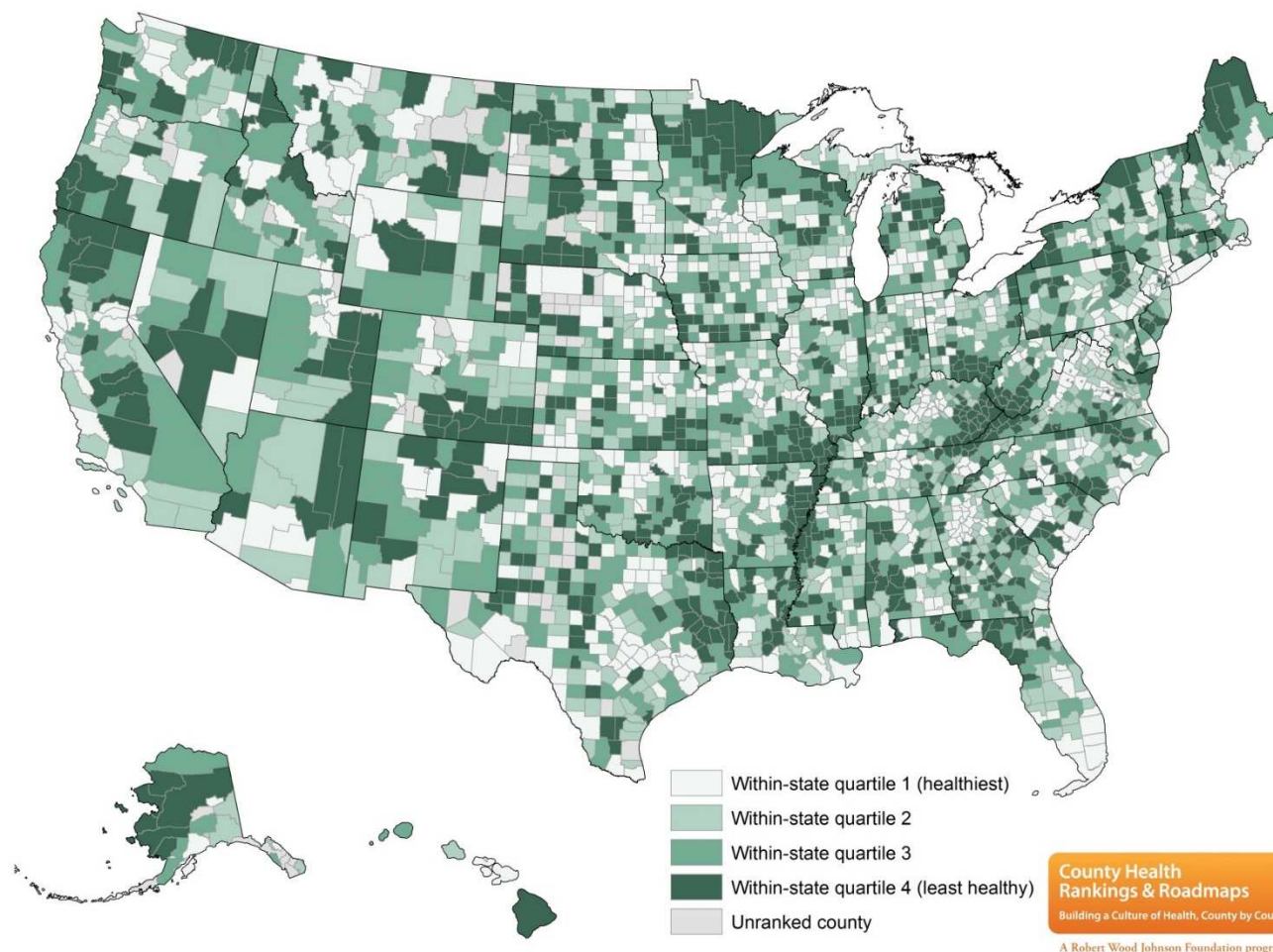
Counties have an 'ACO presence' when they contain the practice site of at least one participating provider.  
Includes all active CMS ACOs as of August, 2015.

Produced by: RUPRI Center for Rural Health Policy Analysis, 2016.

## County Health Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program



*Counties are ranked within states and split into quartiles with equal numbers of counties in each quartile*

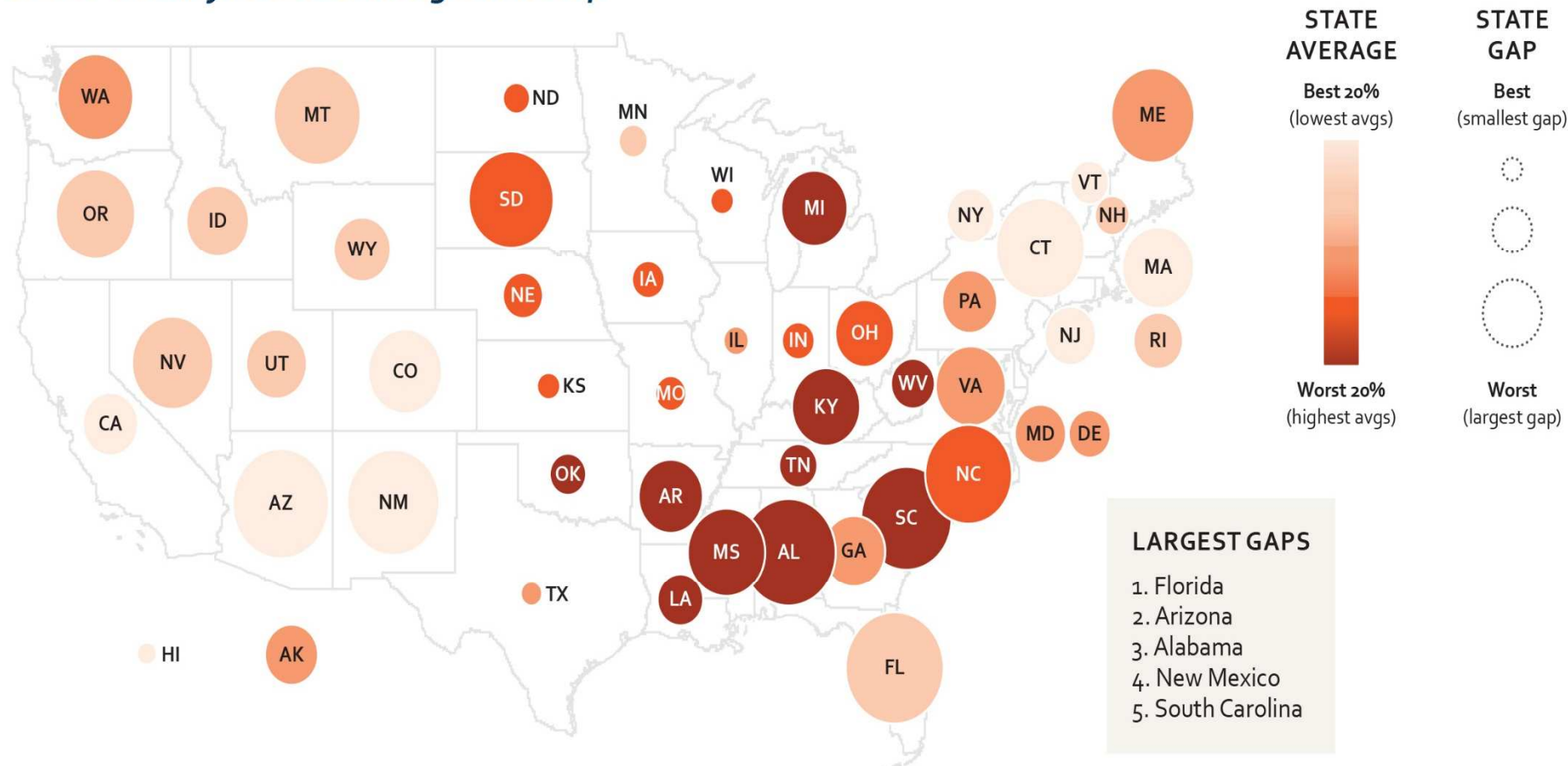


# Adult Obesity Population View



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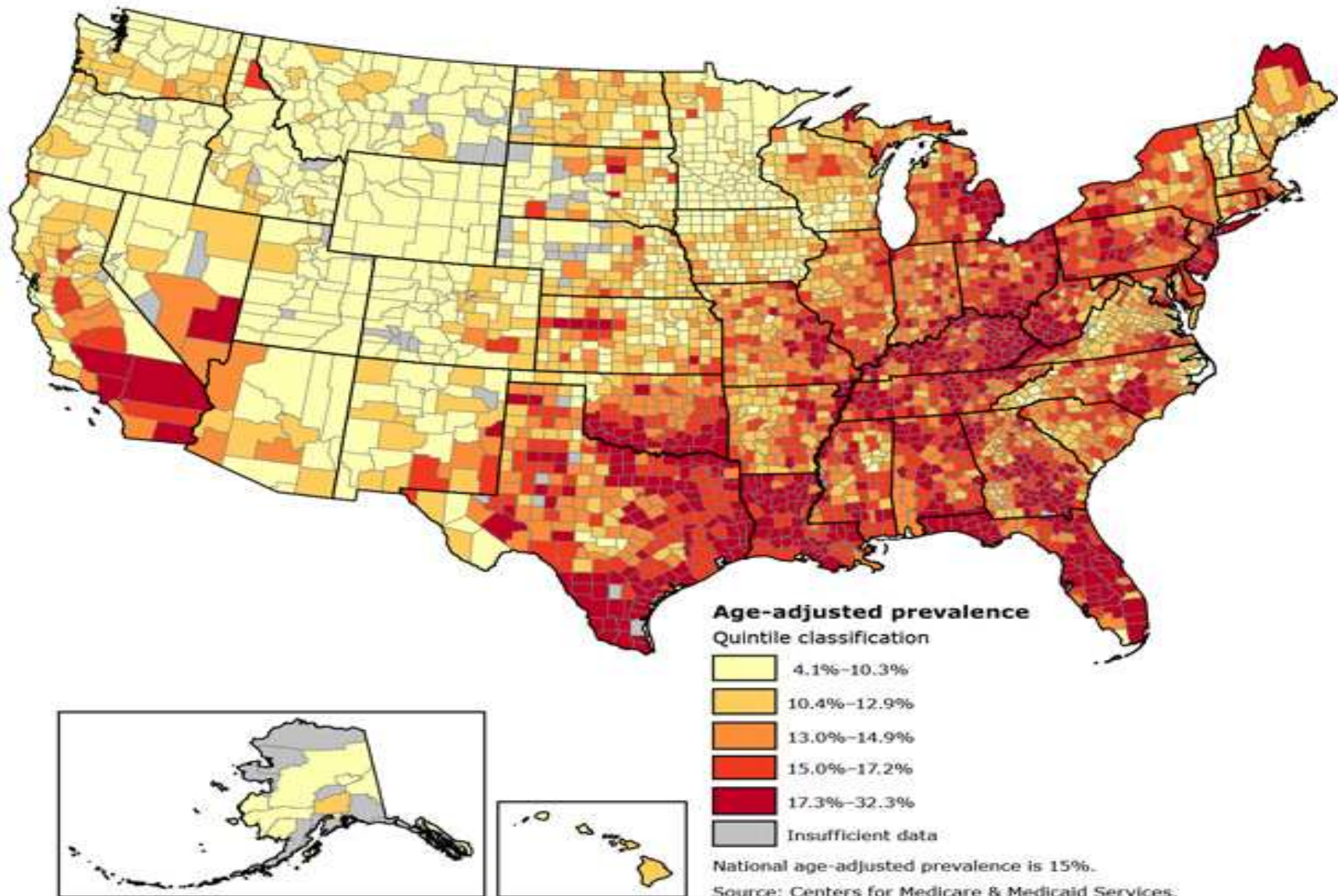
## Adult Obesity: State Average and Gap



<sup>2</sup> In calculating the size of the gaps for each state, we calculated the difference between the best and worst county values for each measure. The best and worst values were represented by the top and bottom 10% of county-level values for a given measure.

# Prevalence of Medicare Patients with 6 or more Chronic Conditions

The Prevalence of Medicare Fee-for-Service Beneficiaries 65 Years or Older With 6 or More Chronic Conditions, by County, 2012

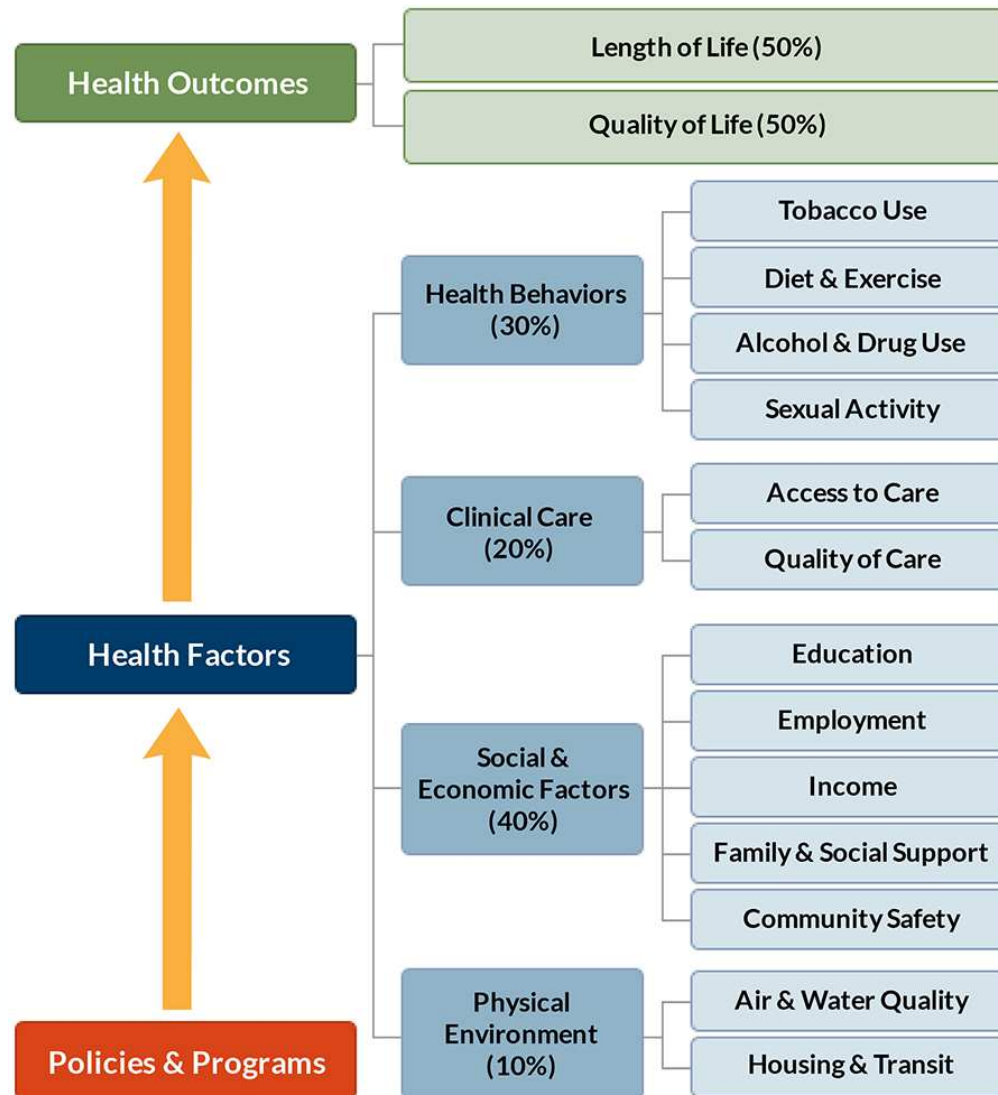


## County Health Rankings & Roadmaps

Building a Culture of Health, County by County

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# County Health Rankings Model



County Health Rankings model © 2014 UWPHI

# Four Stages to Population Health



Your voice. Louder.



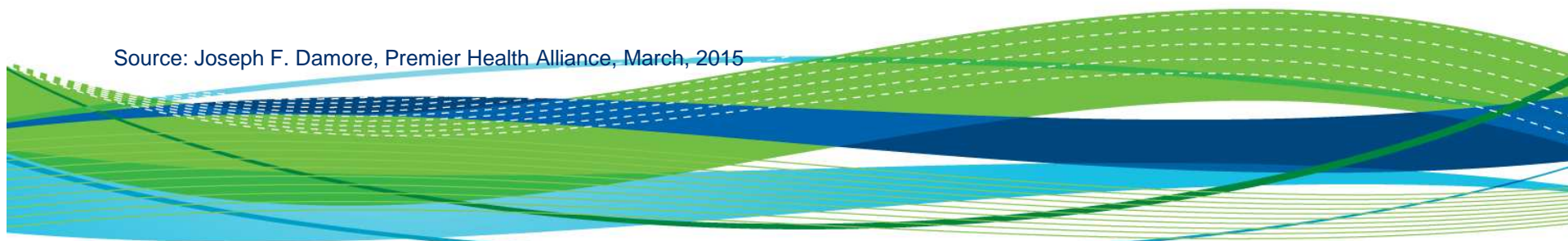
- Education
- Assessment
- Gap Analysis
- Operational Plan

- Primary Care
- PCMH
- Clinical Integration
- Care management network
- Network development
- Health informatics

- Defined population
- Payor partner
- Post-acute

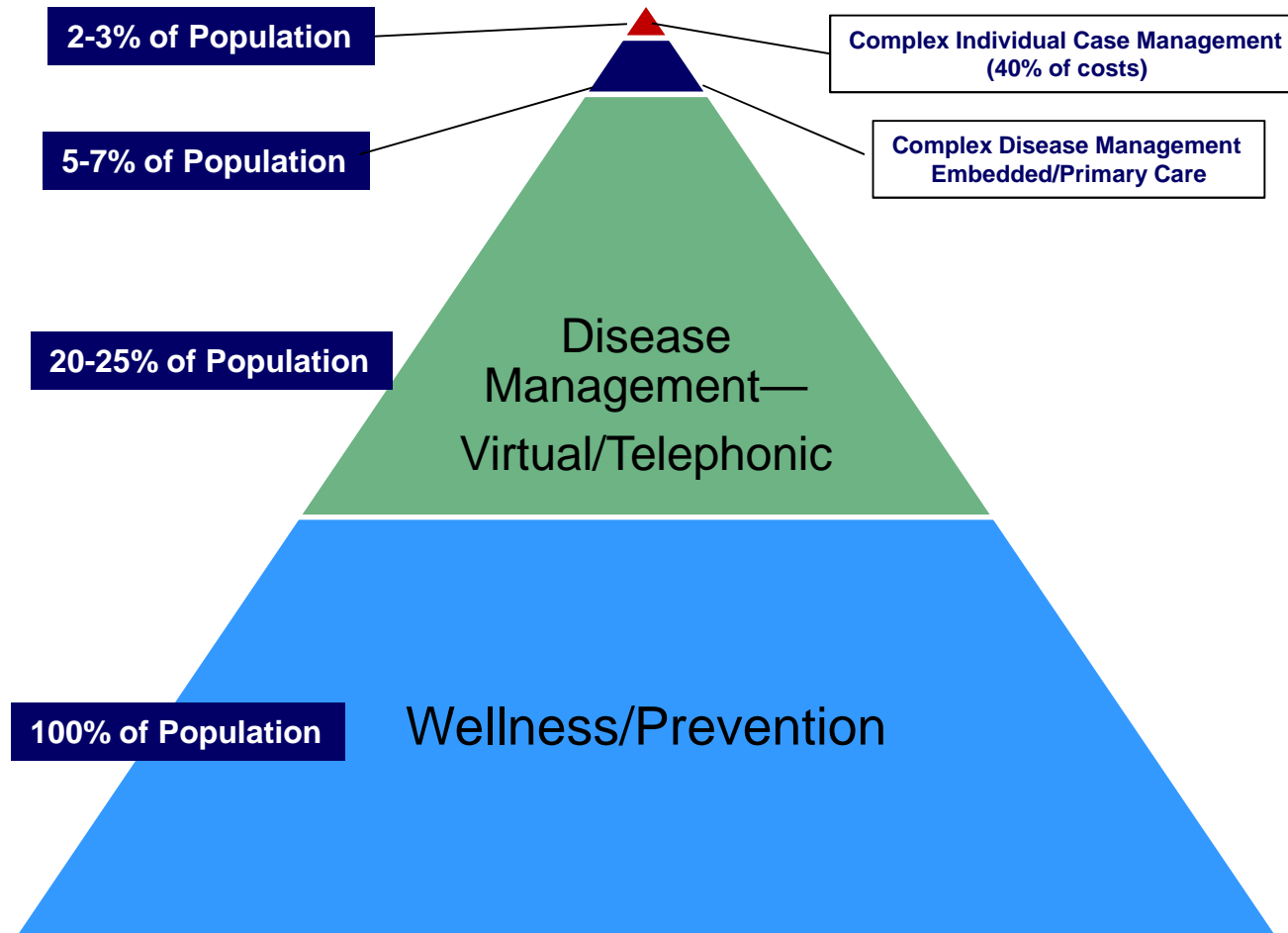
- Employee health plan
- Commercial arrangement
- Medicare
- Medicaid
- Employer contracting
- Uninsured

Source: Joseph F. Damore, Premier Health Alliance, March, 2015

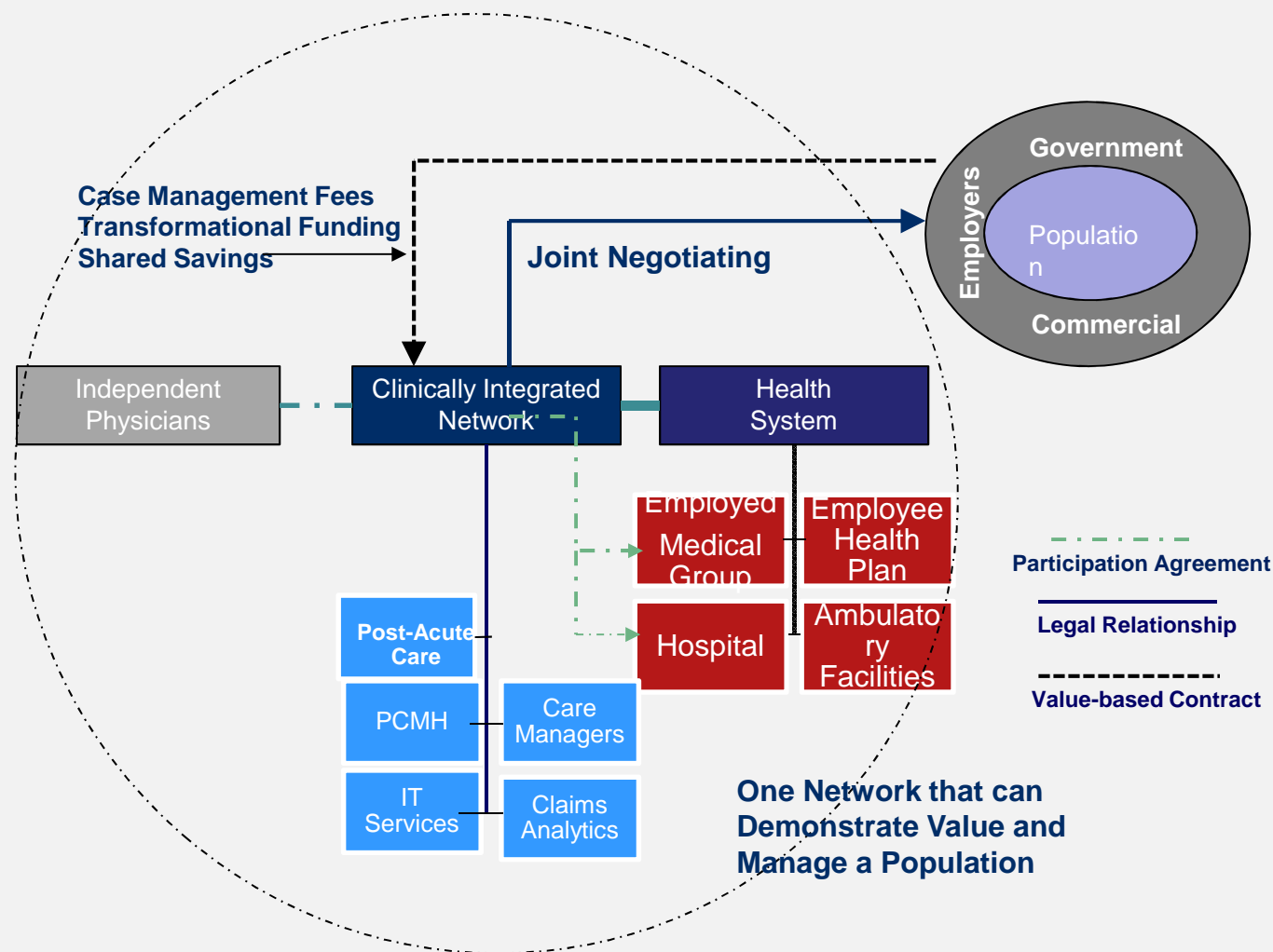




# Care Management: Target Populations







## Clinically Integrated Network (CIN)



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# First Things First

## Care Redesign

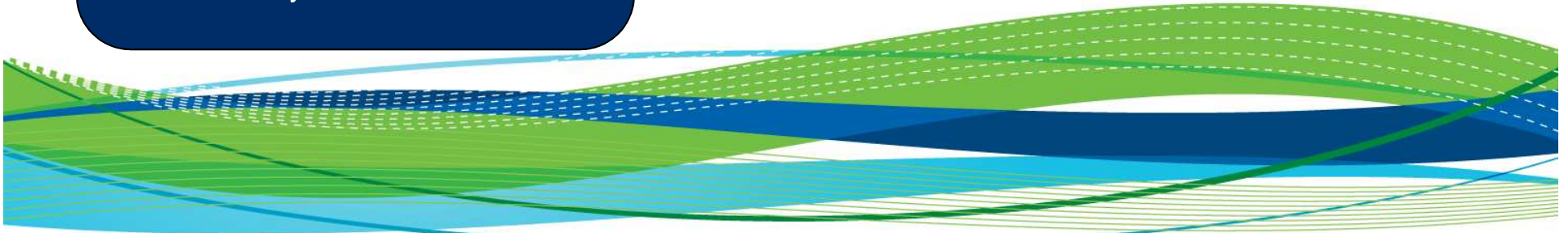
- PCMH
- Clinical Integration
- Care Management
- Post-acute Care
- EHR
- Data Analytics

Care redesign should not outpace  
Changes in payment

Population  
Health  
Transformation

## New Payment Arrangements

- Care Transformation Costs
- Care Management Payments
- Shared Savings
- Episodes of Care Payments
- Global Payments

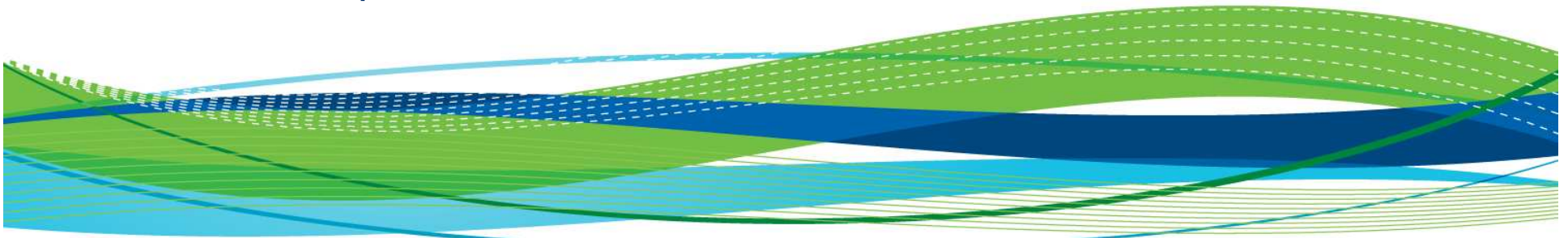


# Summary



Your voice. Louder.

- Rural Can Lead
- Nurses and Clinicians Can Lead in the following areas:
- Patient Centered Medical Homes
  - My preference: Person Centered Health Homes
- Care Management Programs:
  - High Risk Populations
  - Chronic Disease Management
  - Care Transitions/Post-acute Care
  - Episodes of Care
- Health Information Technology
  - EHR
  - Clinical Informatics
  - Claims Analytics/Predictive Modeling/Big Data
  - Care Management
- Patient Engagement/Satisfaction
- Leadership/Cultural Transformation





**Your voice. Louder.**

# THANK YOU

**Brock Slabach, MPH, FACHE**

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National Rural Health Association

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